Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047 2009

Department of the Treasury Internal Revenue Service Open to Public Inspection G The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2009 calendar year, or tax year beginning 2009, and ending D Employer Identification Number Check if applicable: Please use IRS label NATIONAL SPACE SOCIETY 23-7417411 Address change or print or type. See 1155 15TH STREET, NW #500 Telephone number Name change WASHINGTON, DC 20005 specific Instruc-202-429-1600 Initial return Termination 830, 288 Amended return Gross receipts \$ F Name and address of principal officer: GARY BARNHARD H(a) Is this a group return for affiliates? Application pending Yes X No H(b) Are all affiliates included? SAME AS C ABOVE Yes If 'No,' attach a list. (see instructions) Tax-exempt status X 501(c) (3 4947(a)(1) or 527)H (insert no.) WWW. NSS. ORG Website: G H(c) Group exemption number G1974 Form of organization: X Corporation Association Trust OtherG L Year of Formation: M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: THE MISSION OF NSS IS TO PROMOTE <u>SOCIAL_ECONOMIC, TECHNOLOGICAL, AND POLITICAL CHANGE IN ORDER TO EXPAND CIVILIZATION</u> BEYOND_EARTH. TO_SETTLE_SPACE. AND. TO_USE_THE_RESULTING_RESOURCES_TO_BUILD. A_HOPEFUL_ <u>AND_PROSPEROUS_FUTURE_EOR_HUMANITY_(SEE_SCHEDULE_O_FOR_ENTLRE_MISSLON_STATEMENT)</u> Check this box G | if the organization discontinued its operations or disposed of more than 25% of its assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b). Total number of employees (Part V, line 2a)..... 5 7a Total gross unrelated business revenue from Part VIII, column (C), line 12..... b Net unrelated business taxable income from Form 990-T, line 34..... Prior Year **Current Year** 705, 738. 584, 235. Contributions and grants (Part VIII, line 1h)..... 308, 370. 219, 281. Program service revenue (Part VIII, line 2g) 224. 2, 734. Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 1. 18, 996. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 24, 038. 034, 328. 830, 288 Total revenue ' add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 12 12,000 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... Benefits paid to or for members (Part IX, column (A), line 4) 119, 215 70, 900. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)..... 15 16a Professional fundraising fees (Part IX, column (A), line 11e)..... 21,050. b Total fundraising expenses (Part IX, column (D), line 25) G Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f).... 842, 254 770, 967. 994, 519 841, 867. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 39, 809 -11, 579. Revenue less expenses. Subtract line 18 from line 12..... Beginning of Year End of Year 279, 772 289, 948, Total assets (Part X, line 16). 72, 869. 53,078 21 Total liabilities (Part X, line 26)..... 22 Net assets or fund balances. Subtract line 21 from line 20. 226, 694 217, 079. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer **G** GARY BARNHARD EXECUTIVE DIRECTOR Type or print name and title Date Preparer's identifying number (see instructions) Paid employed G Preparer's signature Pre-P00297218 parer's LYDON FETTEROLF CORYDON, Firm's name (or Use yours if sel employed), 9401 KEY WEST AVENUE EIN G 52-1185156 Only

ROCKVILLE, MD 20850 May the IRS discuss this return with the preparer shown above? (see instructions).

address, and 7IP + 4

Phone no. G (301) 948-4400

No

Yes

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Χ Is the organization required to complete Schedule B. Schedule of Contributors?.... 2 Χ Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I..... Χ 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Χ Schedule C. Part II 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III...... Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Χ 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II..... 7 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III..... 8 Χ Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV. 9 Χ Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If Χ Yes, complete Schedule D, Part V. 10 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or Χ X as applicable..... 11 ? Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI....... ? Did the organization report an amount for investments' other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. ? Did the organization report an amount for investments' program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII ? Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX ? Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X...... ? Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organizaiton's liability for uncertain tax positions under FIN 48? If'Yes, complete Schedule D, Part X Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII Χ 12 12 A Was the organization included in consolidated, independent audited financial statement for the tax Yes No Χ year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional..... 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E Χ 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States?. 148 b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I....... 14b Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II..... 15 Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III. Χ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. 17 17 Χ Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Χ 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' Χ complete Schedule G, Part III..... 19 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H..... 20 Χ

Part IV Checklist of Required Schedules (continued)

	· · · · · · · · · · · · · · · · · · ·		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Χ
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a		Χ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L. Part I.	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	200		
20	disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Χ
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	Χ	
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Χ
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	Χ	
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Χ
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.	34		Χ
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.	35		Χ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		Χ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	

BAA Form 990 (2009)

Form 990 (2009) NATI ONAL SPACE SOCIETY 23-7-	417411	I	Page 5
Part V Statements Regarding Other IRS Filings and Tax Compliance			
		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	o		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gami (gambling) winnings to prize winners?	ing1	С	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	1		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2	b X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		а	Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority ove financial account in a foreign country (such as a bank account, securities account, or other financial account)?	er, a 4	а	Х
b If 'Yes,' enter the name of the foreign country: G			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5	а	Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5	b	Χ
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibit Tax Shelter Transaction?	ted 5	С	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organizatio solicit any contributions that were not tax deductible?	n 6	а	Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts we	ere not		
deductible?	6	D	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se provided to the payor?			Х
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282?	file 7	С	Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
benefit contract?			Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		_	Χ
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9	a	
b Did the organization make any distribution to a donor, donor advisor, or related person?		_	
10 Section 501(c)(7) organizations. Enter:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
a Initiation fees and capital contributions included on Part VIII, line 12			
11 Section 501(c)(12) organizations. Enter: a Gross income from other members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against			
amounts due or received from them.)	12		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		a	

BAA Form 990 (2009) Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. SEE SCHEDULE 0 12b X 12b X 12c X 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official. b Other officers of key employees of the organization. SEE SCHEDULE 0 If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Ecction C. Disclosures 15 List the states with which a copy of this Form 990 is required to be filed G SEE SCHEDULE 0 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Own website Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.	Sect	tion A.	Governing Body and Management						
b Enter the number of voling members that are independent. 2 Did any officer, director, frustee, or key employee have a family relationship or a business relationship with any other officer, director, frustee, or key employees to a flangement dulies customarily performed by or under the direct supervision of officers, directors or frustees, or key employees to a flangement company or other person? 3 Did the organization have made any significant changes to its organizational documents since the piter form 990 was filted? 5 Did the organization become aware during the year of a material diversion of the organizations's assets? 5 Did the organization have members of stockholders? 6 Does the organization have members discokholders? 7 Description of the governing body subject to approval by members, stockholders, or other persons? 7 Description of the governing body subject to approval by members, stockholders, or other persons? 7 Description of the governing body? 9 Each committee with authority to act on behalf of the governing body? 9 Each committee with authority to act on behalf of the governing body? 9 Exprised the discount of the governing body? 10 Exprised the discount of the governing body? 10 Exprised the governing body? 11 Exprised the governing body and any officers of the governing body? 12 Exprised the governing body and any officers of the governing body? 13 Exprised the governing body and any officers of the governing body? 14 Exprised the governing body and any officers of the governing body before filing the form? 15 In Interest body of the governing body before filing the form? 16 Interest body of the governing body before filing the form? 17 Expr						Yes	No		
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2 Did any officer, director, furstee or key employee have a family relationship or a business relationship with any other officer, director, furstee or key employee? 3 Did the organization delegate control over management defuse customarily performed by or under the direct supervision of officers, directors or trisstees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filled? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Did be organization have members or stockholders? 7 Did be prograpization have members or stockholders? 8 Did the organization have members or stockholders? 8 Did the organization on the management of the organization of the organization of the organization have members of stockholders, or other persons? 9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. 10 Did be organization contemporaneously document the meetings held or written actions undertaken during the year by the following. 11 Did be organization contemporaneously document the meetings held or written actions undertaken during the year by the following. 12 Did be committee with authority to act on behalf of the governing body? 13 State committee with authority to act on behalf of the governing body? 14 State committee with authority to act on behalf of the governing body? 15 State form of or fursise, or key employee listed in Part VII, Section A, who cannot be reached at the organization bare with a properties of the program of the organization bare and the content of the governing and the section of the committee of the process of School and the content of th			0 0 7	 					
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since the prior Form 990 was filed? Since the prior Form 990 was filed? X Does the organization become aware during the year of a material diversion of the organization's assets? 5		of officer	s, directors or trustees, or key employees to a management company or other perso	n?					
5. Did the organization become aware during the year of a material diversion of the organization's assets?. 5. Does the organization have members or stockholders? . SEE SCHEDULE 0 7.3 Does the organization have members at stockholders, or other persons who may elect one or more members of the governing body? . SEE SCHEDULE 0 8. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the (following): 8. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the (following): 8. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the (following): 8. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the (following): 8. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the (following): 8. Did the organization provider or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organizations mailing address? If Yes, 'provide the names and addresses in Schedule O. 9. Version B. Policies (This Section B requests information about policies not required by the Internal evenue Code) 10. Does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organizations of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization provided a copy of this Form 990 to all members of its governing body before filling the form? 11 As a besorbe organization have written whistient of interest policy? If You go to line 13. 12 Does the organization and early of the organization to review this Form 990. SEE SCHEDULE 0 12. Does the organization and early of the organization of the following presons include a review and					4		Х		
6 Does the organization have members or stockholders? SEE SCHEDULE 0 7 a Does the organization have members of stockholders? SEE SCHEDULE 0 7 a Does the organization have members stockholders, or other persons? 7 b X 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a X 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a X 9 Leach committee with authority to act on behalf of the governing body? 9 Leach committee with authority to act on behalf of the governing body? 9 Leach committee with authority to act on behalf of the governing body? 9 Leach committee with authority to act on behalf of the governing body? 9 Leach committee with authority to act on behalf of the governing body? 9 Leach committee with authority to act on behalf of the governing body? 9 Leach committee with authority to act on behalf of the governing body? 9 Leach committee with authority to act on behalf of the governing body? 9 Leach committee with authority to act on behalf of the governing body? 9 Leach committee with authority to act on behalf of the governing body before filing the form? 10 Leach body the organization have local chapters, branches, or affiliates? 10 Leach body the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11 Leach bare officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 Leach bare organization have a written conflict of interest policy? If 'No; go to line 13 13 Does the organization have a written document retention and destruction policy? 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independ	·								
7a Does the organization have members stockholders, or other persons who may elect one or more members of the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8 B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If Yes,' provide the names and addresses in Schedule O. 9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If Yes,' provide the names and addresses in Schedule O. 9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If Yes,' provide the names and addresses in Schedule O. 9 Is the policies (This Section B requests information about policies not required by the Internal evenue Code.) 10a Does the organization have local chapters, branches, or affiliates? 10b If Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10a X 10b If Yes,' does the organization have a written continue of the organization to review this Form 990. SEE SCHEDULE O 11a Does the organization regularly and consistently monitor and enforce compliance with the policy? If Yes,' does line 13									
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?. 7b									
Bid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 5 Is there arry officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. 7 Is In a Does the organization have local chapters, branches, or affiliates? 8 If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10 In a Does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11 Has the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10 In a Does the organization have written policies and procedures governing body before filing the form? 11 In A Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12 Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12 Describe on Schedule O they write see to conflicts? 13 Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. SEE SCHEDULE O. 12 Does the organization have a written document retention and destruction policy? 13 Does the organization have a written document retention and destruction policy? 14 Variable of the process of determining compensation of the following persons include a review and approval by independent persons, comparability daria, and contemporaneous substantiation									
the following: a The governing body?. b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If Yes, provide the names and addresses in Schedule 0 9 X Election B. Policies (This Section B requests information about policies not required by the Internal evenue Code.) 10a Does the organization have local chapters, branches, or affiliates? 10a Does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE 0 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13. 12b A re officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b A resolution have a written whistletblower policy? 13 Does the organization have a written whistletblower policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 15b Other officers of key employees of the organization SEE SCHEDULE 0 16 Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements with a taxable entity during the year? 16a Diff the organization invest in, contribute assets to, or participate in a joint venture or similar	b	Are any	decisions of the governing body subject to approval by members, stockholders, or ot	her persons?	7b		X		
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evenue Code.) Yes No			, , , , , , , , , , , , , , , , , , , ,		8b	Χ			
evenue Code.) Yes No	9	Is there a organization	ny officer, director or trustee, or key employee listed in Part VII, Section A, who car ion's mailing address? If 'Yes,' provide the names and addresses in Schedule O	nnot be reached at the	9		Х		
Yes No					I				
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Does the organization have a written whistleblower policy?	b				12b	Х			
Does the organization have a written whistleblower policy?	С	Does the	organization regularly and consistently monitor and enforce compliance with the poli	icy? If 'Yes,' describe in	12c	Х			
Does the organization have a written document retention and destruction policy?									
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status with respect to such arrangements?	b	If 'Yes,' h	has the organization adopted a written policy or procedure requiring the organization	to evaluate its participation					
List the states with which a copy of this Form 990 is required to be filed G SEE SCHEDULE 0 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Own website		status wi	th respect to such arrangements?	me organization's exempt	16b				
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statements available to the public. SEE SCHEDULE 0 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:		T							
	19	Describe statemen	in Schedule O whether (and if so, how) the organization makes its governing docum ts available to the public.	ents, conflict of interest policy	, and	finan	cial		
- GIVAVIJIA, ING. 1133 13111 31NEEL NW. 3011E 300 - WASHINGION IN 20075 2027 2427 1000						n:			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- ? List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - ? List all of the organization's current key employees. See instructions for definition of 'key employees.'
- ? List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- ? List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- ? List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did no	Check this box if the organization did not compensate any current officer, director, or trustee.										
(A)	(B)			(0	c)			(D)	(E)	(F)	
Name and Title	Average hours		ition (check	all t	hat app	ly)	Reportable compensation from	Reportable compensation from	Estimated	
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
HUGH DOWNS	0.2	V						0	0.	0	
BOG CHAIRMAN	0. 2	Х						0.	U.	0.	
KIRBY IKIN BOD CHAIRMAN	2	Χ						0.	0.	0.	
GARY BARNHARD EXEC CMTE CHAIR	8	X		Χ				0.	0.	0.	
KEN MONEY											
PRESIDENT GREG ALLISON	3	Х		Χ				0.	0.	0.	
EXECUTI VE VP	8	Χ		Χ				0.	0.	0.	
MARK HOPKINS											
SENI OR VP	16	Χ		Χ				0.	0.	0.	
ROBBY GAINES	_	V		V					0	0	
VP DEVELOPMENT DAVI D STUART	8	Х		Χ				0.	0.	0.	
VP MEMBERSHI P	8	Χ		Χ				0.	0.	0.	
CANDACE PANKANI N				.,					0	•	
VP CHAPTERS	8	X		Χ				0.	0.	0.	
RICK ZUCKER	8	Х		Χ				0.	0.	0.	
JOE REDFIELD								0.	0.	<u> </u>	
TREASURER	8	Χ		Χ				0.	0.	0.	
ED BURNS									0	•	
ASSIST TREAS JOSH POWERS	8	Х		Χ				0.	0.	0.	
SECRETARY	8	Х		Χ				0.	0.	0.	
BILL GARDINER										<u></u> _	
ASSIST SECRETAR	8	Χ		Χ				0.	0.	0.	
BRETT_SILCOX										_	
ASSOC DI RECTOR	40	Χ			Χ			60, 000.	0.	0.	
LARRY_AHEARN											
DI RECTOR	2	Х						0.	0.	0.	
DALE AMON	_								0	0	
DI RECTOR	2	Χ						0.	0.	0.	

Form 990 (2009) NATIONAL SPACE SOCIETY									23-741741	1	Page 8
Part VII Section A. Officers, Directors, Trus	tees, l	Key	En	npl	оує	es, a	an	d Highest Co	mpensated Emp	oloyee	es (cont.)
(A)	(B)			(0	c)			(D)	(E)		(F)
Name and Title	Average hours		_			hat app	-	Reportable compensation from	Reportable compensation from	Es amou	stimated int of other
	hours per week	ndivio	Institutional trustee	Officer	(e) e	Highest compensated employee	orem	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	com fr	pensation om the
		dual ector	tion	14	employee	st co	Ď			añ	anization d related
		trust	al tru		уее	mpe				orga	anizations
		ее	istee			nsat					
						ed					
AMARA ANGELICA											
DI RECTOR	2	Χ						0.	0.		0.
J. DAVID BAXTER											
DI RECTOR	2	Χ						0.	0.		0.
DAVI D BRANDT-ERI CHSEN											
DI RECTOR	2	Χ						0.	0.		0.
ANI TA GALE											
DI RECTOR	2	Χ						0.	0.		0.
PETE GARRETSON											
DI RECTOR	2	Χ						0.	0.		0.
AL GLOBUS											
DI RECTOR	2	Χ						0.	0.		0.
RI CHARD GODWI N											
DI RECTOR	2	Χ						0.	0.		0.
ROBERT GOETZ											
DI RECTOR	2	Χ						0.	0.		0.
JEFFREY LISS											
DI RECTOR	2	Χ						0.	0.		0.
KEN MURPHY											
DI RECTOR	2	Χ						0.	0.		0.
SANDRA ORELLANA		,,									
DI RECTOR	2	Χ						0.	0.		0.
JIM PLAXCO								0	0		0
DI RECTOR	2	Χ					-	0.	0.		0.
JEREMY PYLE	2							0	0		0
DI RECTOR	2	Χ						0.	0. 0.		0. 0.
1 b Total								60, 000.	_		
2 Total number of individuals (including but not limited from the organization G 0	ว เอ เทอร	e iis	tea a	abov	ve) '	wno re	ece	ived more than \$	100,000 in reportabl	e comp	ensation
from the organization G 0											Yes No
											Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste	e, k	еу е	mpl	oye	e, or h	nigh	nest compensated	d employee	. 3	Х
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from											
the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such									V		
individual										. 4	X
5 Did any person listed on line 1a receive or accrue co	ompens	ation	fror	m ar	ny u	nrelat	ed	organization for s	services	_	V
rendered to the organization? If 'Yes,' complete Sch	nedule J	tor s	such	per	rson	<u></u>				. 5	X
Section B. Independent Contractors 1 Complete this table for your five highest compensate	ad inder	nend/	ant d	nnt	ract	ors th	at r	received more the	an \$100 000 of		
compensation from the organization	sa muep	cilut	JIIL (JUIT	ıacl	UIS III	at I	received Hibre III	11 9 100,000 UI		

(A) Name and business address	(B) Description of Services	(C) Compensation
SILVER MARKETING, INC 7910 WOODMONT AVE, STE 914 BETHESDA, MD 20814	PRINTING/MALLINGS	206, 616.
AMS 1155 15TH STREET, NW, STE 500 WASHINGTON, DC 20005	ADMI NI STRATI VE	138, 553.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization G 2

BAA Form 990 (2009) TEEA0108L 01/30/10

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2009

Open to Public

Department of the Treasury Internal Revenue Service Name of the Organization G Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. G See instructions for Form 990.

Inspection
Employler Identification number

NATIONAL SPACE SOCIETY 23-7417411 Part I Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated **Employees** (A) (B) (C) (D) (E) (F) Position (check all that apply) Reportable compensation from related organizations (W-2/1099-MISC) Name and Title Average hours per week Reportable compensation from Estimated amount of other Individual to or director Officer employee Highest compensated Former Institutional compensation the organization (W-2/1099-MISC) (ey employee from the organization and related organizations trustee trustee ARIEL RAYMAN DI RECTOR Χ 0. 0 Ο. STAN ROSEN DI RECTOR 2 Χ 0. 0. 0. JOHN SPENCER 0. DI RECTOR 2 Χ 0. 0. JOHN VITTALLO DI RECTOR 2 Χ 0. 0. 0. JAY WITTNER DI RECTOR 0. Χ 0. 0. LYNNE ZIELINSKI DI RECTOR 2 Χ 0. 0. 0. MAC CANTER, ESQ GENERAL COUNSEL 0.1 0. 0. 0. GEORGE WHITESIDES EXECUTI VE DI REC 20 0. 0 0.

Pai	rt VIII Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns 1a 24, 199. b Membership dues 1b 312, 602. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 247, 434. g Noncash contribns included in Ins 1a-1f: \$				
	h Total. Add lines 1a-1fG	584, 235.			
PROGRAM SERVICE REVENUE	Business Code 2a CONFERENCE b MEMBER SERVI CES c MAGAZI NE d e f All other program service revenue	107, 145. 104, 201. 7, 935.	107, 145. 104, 201. 7, 935.		
PRC	g Total. Add lines 2a-2f	219, 281.			
NUE	3 Investment income (including dividends, interest and other similar amounts)	2, 734.			2, 734.
OTHER REVENUE	of contributions reported on line 1c). See Part IV, line 18				
	Miscellaneous Revenue Business Code 11a MI SCELLANEOUS	16, 864.	16, 864.		
	b ROYALTIES c d All other revenue	7, 174.			7, 174.
	e Total. Add lines 11a-11d	24, 038.			
	12 Total revenue. See instructions	830, 288.	236, 145.	0.	9, 908.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must comp	· · ·	(B)	(C)	(D)
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21.				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	60, 000.	51, 330.	5, 736.	2, 934.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	5, 000.	4, 278.	478.	244.
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	5, 900.	5, 047.	565.	288.
11	Fees for services (non-employees)				
6	a Management	175, 603.	150, 252.	16, 765.	8, 586.
k	o Legal	3, 525.	3, 084.	265.	176.
(Accounting	18, 469.	16, 158.	1, 388.	923.
(d Lobbying				
6	e Prof fundraising svcs. See Part IV, In 17				
f	Investment management fees				
Ç	g Other				
12	Advertising and promotion	2, 527.	2, 527.		
13	Office expenses.	148, 712.	122, 712.	25, 921.	79.
14	Information technology	16, 444.	14, 526.	1, 918.	
15	Royalties				
16	Occupancy				
17 18	Travel	15, 238.	10, 337.	4, 901.	
19	Conferences, conventions, and meetings	118, 244.	117, 695.	549.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	8, 304.	7, 266.	623.	415.
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
á	PRINTING AND PUBLICATIONS	225, 510.	223, 943.	526.	1, 041.
	MEALS_AND_ACCOMODATIONS	19, 058.	2, 490.	16, 566.	2.
	PROJECTS	5, 100.	5, 100.		
(REFUNDS	4, 544.	4, 544.		
6	STATE_REGISTRATION	3, 870.	55.	3, 815.	
f	All other expenses	5, 819.	4, 641.	1, 178.	
25	Total functional expenses. Add lines 1 through 24f	841, 867.	745, 985.	81, 194.	14, 688.
26	Joint costs. Check here G if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2009)

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash ' non-interest-bearing	100.	1	
	2	Savings and temporary cash investments	168, 004.	2	166, 739.
	3	Pledges and grants receivable, net	6, 685.	3	
	4	Accounts receivable, net.	32, 995.	4	27, 201.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	•	5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
A S	7	Notes and loans receivable, net		7	
A S E T S	8	Inventories for sale or use		8	
T S	9	Prepaid expenses and deferred charges	12, 252.	9	2, 456.
	10a	Land, buildings, and equipment: cost or other basis 10a			
		Complete Part VI of Schedule D			
	b	Less: accumulated depreciation	700.	10 c	
	11	Investments ' publicly-traded securities	55, 536.	11	93, 552.
	12	Investments ' other securities. See Part IV, line 11	·	12	
	13	Investments ' program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3, 500.	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	279, 772.	16	289, 948.
	17	Accounts payable and accrued expenses	17, 390.	17	17, 916.
	18	Grants payable	·	18	
	19	Deferred revenue	35, 688.	19	54, 953.
Ļ	20	Tax-exempt bond liabilities	·	20	
A B	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
I L I	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
Ţ		of Schedule L		22	
E S	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	53, 078.	26	72, 869.
Й		Organizations that follow SFAS 117, check here G X and complete lines			
N E T		27 through 29 and lines 33 and 34.			
ASS	27	Unrestricted net assets	174, 061.	27	217, 079.
S E T S	28	Temporarily restricted net assets	52, 633.	28	
	29	Permanently restricted net assets.		29	
O R		Organizations that do not follow SFAS 117, check here G and complete			
F		lines 30 through 34.			
F U N D	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
A L A	32	Retained earnings, endowment, accumulated income, or other funds		32	
BALANCES	33	Total net assets or fund balances.	226, 694.	33	217, 079.
S	34	Total liabilities and net assets/fund balances.	279, 772.	34	289, 948.

BAA Form 990 (2009)

Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2 a	ı	Χ
b Were the organization's financial statements audited by an independent accountant?	2k	Х	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud review, or compilation of its financial statements and selection of an independent accountant?	it, 20	: X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:	a 		
X Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	1	Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	udit 3k)	

BAA Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

G Attach to Form 990 or Form 990-EZ. G See separate instructions.

Employer identification number

		NAL SPACE SU								11/41	ı	
Part	1	Reason for Pu	blic Charity Statu	ıs (All organizations	must	compl	ete thi	s part	.) See	instruc	ctions	
The or	gar	nization is not a priv	vate foundation becaus	se it is: (For lines 1 throu	gh 11, c	heck on	ly one b	ox.)				
1		A church, convention	on of churches or asso	ociation of churches desc	ribed in	section	170(b)(1)(A)(i).				
2		A school described	in section 170(b)(1)(A	A)(ii). (Attach Schedule E	.)							
3				organization described i		n 170(b)	(1)(A)(ii	i).				
4				d in conjunction with a ho		` '	. , . , .	,	(b)(1)(A)	'iii). Ente	er the hospital's	
-	name, city, and state:											
5		An organization op 170(b)(1)(A)(iv). (C	erated for the benefit	of a college or university	owned o	or opera	ted by a	govern	mental ı	ınit desc	ribed in section	
6				jovernmental unit describ								
7	Χ	An organization that in section 170(b)(1)	at normally receives a)(A)(vi). (Complete Pa	substantial part of its sup irt II.)	oport fro	m a gov	ernmen	tal unit	or from t	he gene	ral public descri	bed
8	Ш	A community trust	described in section 1	70(b)(1)(A)(vi). (Complete	e Part II.)						
9		from activities relations	ed to its exempt funct	more than 33-1/3 % of ions ' subject to certain ss taxable income (less somplete Part III.)	exception	ns, and	(2) no i	more th	an 33-1/	3 % of it	ts support from g	ross
10		An organization org	ganized and operated	exclusively to test for pub	olic safe	ty. See s	section	509(a)(4	1).			
11		more publicly supp describes the type	orted organizations de of supporting organiz	exclusively for the benefi escribed in section 509(a) ation and complete lines)(1) or s 11e thro	ection 50 ough 11h	09(a)(2) า.	. See s	, or carr ection 50	y out the 09(a)(3).	Check the box	that
	_	aType I	b Type II		I' Fund	_	_			d	Type III' Othe	
е	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).											
f			received a written dete	ermination from the IRS t	hat is a	Type I,	Type II o	or Type	III suppo	orting or	ganization,	🗌
g	g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?											
											Yes	No
		below, the go	verning body of the su	controls, either alone or to apported organization?								
		(ii) a family mem	ber of a person descr	ribed in (i) above?							. 11g (ii)	
		(iii) a 35% contro	lled entity of a person	described in (i) or (ii) abo	ove?						. 11 g (iii)	
h		Provide the following	ng information about the	ne supported organization	ns.				-	-		
	(i)	Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	s the ion in col. I in your rning ment?	(v) Did y the organ col. your su		(vi) I organizati (i) organiz U.S	on in col.	(vii) Amount of Su	ipport
					Yes	No	Yes	No	Yes	No		
Γotal −												

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

ı arı	. II Support Schedule for	•			(D)(1)(A)(IV) al	IU 170(b)(1)(A	.)(VI)		
Sect	(Complete only if you checker ion A. Public Support	ed the box on line	5, 7, or 8 of Part I	.)					
Caler begin	dar year (or fiscal year ning in) G	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	816, 115.	620, 499.	740, 500.	705, 738.	584, 235.	3, 467, 087.		
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.		
	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.		
4	Total. Add lines 1-through 3	816, 115.	620, 499.	740, 500.	705, 738.	584, 235.	3, 467, 087.		
	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						62, 283.		
6	Public support. Subtract line 5 from line 4						3, 404, 804.		
	ion B. Total Support								
Caler begin	dar year (or fiscal year ning in) G	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
7	Amounts from line 4	816, 115.	620, 499.	740, 500.	705, 738.	584, 235.	3, 467, 087.		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	43, 357.	50, 620.	16, 557.	13, 987.	9, 908.	134, 429.		
	Net income from unrelated business activities, whether or not the business is regularly carried on						0.		
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). SEE PART IV.			8, 631.	8, 862.	16, 864.	34, 357.		
	Total support. Add lines 7 through 10						3, 635, 873.		
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			12	1, 318, 306.		
13	First five years. If the Form 990 i organization, check this box and	s for the organizat	tion's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3)) GП		
	ion C. Computation of Pu								
14	Public support percentage for 20	09 (line 6, column	(f) divided by line	11, column (f)		14	93.6%		
15	Public support percentage from 2	2008 Schedule A,	Part II, line 14			15	94.5%		
16a	33-1/3 support test ' 2009. If the and stop here. The organization	organization did r qualifies as a publ	not check the box icly supported org	on line 13, and thanization	ne line 14 is 33-1/	3 % or more, che	ck this box		
b	33-1/3 support test ' 2008. If the and stop here. The organization	organization did r qualifies as a publ	not check a box or icly supported org	n line 13, or 16a, a anization	and line 15 is 33-	1/3% or more, che	eck this box		
	10%-facts-and-circumstances teror more, and if the organization the organization meets the 'facts	meets the 'facts-ai	nd-circumstances'	test, check this b	ox and stop here	Explain in Part I	V how		
	b 10%-facts-and-circumstances test ' 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization								

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (d) 2008 (a) 2005 (b) 2006 (c) 2007 (e) 2009 (f) Total Calendar year (or fiscal yr beginning in)G Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.'). Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge... 6 Total. Add lines 1 through 5... 7a Amounts included on lines 1, 2, 3 received from disqualified persons. b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b..... Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal yr beginning in) G (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975... c Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in 13 Total support. (add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here G Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)). 15 % Public support percentage from 2008 Schedule A, Part III, line 15. 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)). 17 % Investment income percentage from 2008 Schedule A, Part III, line 17. 18 % 19a 33-1/3 support tests ' 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not G more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization...... G

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

2009

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

NATIONAL	SPACE	SOCIETY	/
NAIRMAL	SEACE	SUMBLE	ı

23-7417411

NATURE AND SOURCE		2009	2008	2007	2006	2005
OTHER INCOME	TOTAL	16, 864. \$ 16, 864.	8, 862. \$ 8, 862.	8, 631. \$ 8, 631.	\$ 0.	\$ 0.

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527

2009

Open to Public Inspection

OMB No. 1545-0047

G Complete if the organization is described below.

G Attach to Form 990 or Form 990-EZ. G See separate instructions.

? Section 501(c)(3) organizations: complete Parts I-A and B. Do not complete Part I-C.

? Section 501(c) (other than section 501(c)(3)) organizations: complete Parts I-A and C below. Do not complete Part I-B.

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

? Section 527 organizations: complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ? Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- ? Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

0		· to Form 990, Part IV, line 5 (Proxy Tax), th rganizations: Complete Part III.	en							
Name of organizatio		iganizations. Complete Fart III.		Employer identifica	ation number					
NATI ONAL	SPACE SOCIET	Υ		23-741741						
		rganization is exempt under sect	ion 501(c) or is a							
		organization's direct and indirect political ca								
	•									
	•									
		rganization is exempt under sect								
		ise tax incurred by the organization under s			0.					
2 Enter the	amount of any exc	ise tax incurred by organization managers	under section 4955	G\$	0.					
		section 4955 tax, did it file Form 4720 for t								
4a Was a coi	rection made?				Yes No					
b If 'Yes,' d	escribe in Part IV.				<u> </u>					
Part I-C Co	mplete if the o	rganization is exempt under secti	on 501(c) , excep	ot section 501(c)(3)						
		pended by the filing organization for section								
2 Enter the	amount of the filing	g organization's funds contributed to other o	organizations for secti	on 527 exempt						
		· · · · · · · · · · · · · · · · · · ·								
3 Total of e										
4 Did the fil	ing organization file	e Form 1120-POL for this year?			Yes No					
5 Enter the	names, addresses	and employer identification number (EIN) of	of all section 527 politi	cal organizations to whi	ch payments were					
contributi	ons received that w	listed, enter the amount paid from the filingere promptly and directly delivered to a sepace (PAC). If additional space is needed, pro	g organization's funds parate political organiz	zation, such as a separa	ate segregated fund					
or a politi	cal action committe	ee (PAC). If additional space is needed, pro	yide information in Pa	rt IV.						
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds.	(e) Amount of political					
				If none, enter-0	contributions received and promptly and directly delivered to a separate political organization.					
					political organization. If none, enter -0					
					ii none, enter -o					
		<u> </u>								
		<u> </u>								
		<u> </u>	1							

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Schedule C (Form 990 or 990-EZ) 2009

Part II-A Complete if section 501(the organizatio (h)).	n is exempt under se	ection 501(c)(3) an	d filed Form 5768 (6	election under
A Check G if the filir	ng organization belo	ngs to an affiliated group.			
B Check G if the filir	ng organization chec	ked box A and 'limited con	trol' provisions apply.		
(The term	Limits on Lobbyir 'expenditures' mea	ng Expenditures ' ns amounts paid or incurre	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditu	ures to influence pub	olic opinion (grass roots lob	bying)		
b Total lobbying expenditu	ures to influence a le	egislative body (direct lobby	ying)		
c Total lobbying expenditu	ures (add lines 1a ar	nd 1b)		0.	0.
d Other exempt purpose e	expenditures			841, 867.	
e Total exempt purpose e	xpenditures (add lin	es 1c and 1d)		841, 867.	0.
f Lobbying nontaxable am both columns.	nount. Enter the amo	ount from the following tabl	e in	151, 280.	
If the amount on line 1e, colu	ımn (a) or (b) is:	Γhe lobbying nontaxable ar	mount is:		
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1,	,000,000	\$100,000 plus 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over \$	51,500,000	\$175,000 plus 10% of the excess	over \$1,000,000.		
Over \$1,500,000 but not over \$	517,000,000	\$225,000 plus 5% of the excess o	ver \$1,500,000.		
Over \$17,000,000		\$1,000,000.			
•	·	of line 1f)		37, 820.	0.
· ·		, enter -0		_	0.
i Subtract line 1f from line	e 1c. If zero or less,	enter -0		0.	0.
j If there is an amount oth section 4911 tax for this	her than zero on eith year?	ner line 1h or line 1i, did the	e organization file Form	4720 reporting	Yes No
(Sor	me organizations tha column	4-Year Averaging Period U at made a section 501(h) elons below. See the instruction	ection do not have to c	omplete all of the five n 2f.)	
	Lobk	oying Expenditures During	4-Year Averaging Perio	od	
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount	176, 85	3. 177, 468.	174, 178.	151, 280.	679, 779.
b Lobbying ceiling amount (150% of line 2a, column (e))					1, 019, 669.
c Total lobbying expenditures					0.
d Grassroots nontaxable amount	44, 21	3. 44, 367.	43, 545.	37, 820.	169, 945.
e Grassroots ceiling amount (150% of line 2d, column (e))					254, 918.
f Grassroots lobbying expenditures				Cahadda O /5	0.
BAA				Schedule C (Forr	n 990 or 990-EZ) 2009

<u>Part II-B</u> Complete if the organization is exempt under section 501(c)(3) and has NC (election under section 501(h)).)T fil∈	ed Fo	rm 5768
	(;	a)	(b)
	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?c Media advertisements?			
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
j Total. Add lines 1c through 1i		-	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 50	I(c)(5), or s	section 501(c)(6).
 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? 			2
Part III-B Complete if the organization is exempt under section 501(c)(4), section 50° if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line	l(c)(5), or s	section 501(c)(6)
1 Dues, assessments and similar amounts from members		1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
a Current yearb Carryover from last yearb		2a 2b	
c Total		2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic expenditure next year?		4	
5 Taxable amount of lobbying and political expenditures (see instructions)		5	
Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Also, complete this part for any additional information.	Part I	I-B, lin	e 1i.
7.135, complete this part to tary additional mornitation.			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

G Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. G Attach to Form 990. G See separate instructions OMB No. 1545-0047

Open to Public Inspection
Employer Identification number

NATIONAL SPACE SOCIETY

IVA	TIONAL SPACE SOCIETI	23-7417411
Pai	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds o	
	the organization answered 'Yes' to Form 990, Part IV, line 6.	r recounts complete ii
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year.	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor adv funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit??	er <u> </u>
Pai	rt II Conservation Easements Complete if the organization answered 'Yes' to Fo	orm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	· · ·
		storically important land area
	Protection of natural habitat Preservation of certif	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form last day of the tax year.	n of a conservation easement on the
		Held at the End of the Year
á	a Total number of conservation easements.	2a
k	b Total acreage restricted by conservation easements	26
(Number of conservation easements on a certified historic structure included in (a)	20
		2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the	ne organization during the tax
	year G	
4	Number of states where property subject to conservation easement is located G	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	violations,
6	and enforcement of the conservation easement it holds?	Yes No
7	during the year G	
/	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year G	\$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
-	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expen include, if applicable, the text of the footnote to the organization's financial statements that describes conservation easements.	
Pai	organizations Maintaining Collections of Art, Historical Treasures, or Oth	er Similar Assets
	Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.	
1 8	a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and treasures, or other similar assets held for public exhibition, education, or research in furtherance of public that the footnote to its financial statements that describes these items.	balance sheet works of art, historical public service, provide, in Part XIV,
ł	b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and bala treasures, or other similar assets held for public exhibition, education, or research in furtherance of pamounts relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1.	G\$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financiamounts required to be reported under SFAS 116 relating to these items:	
á	a Revenues included in Form 990, Part VIII, line 1	G\$
	b Assets included in Form 990, Part X	

Part III Organizations Mainta	ining Colle	ctions of A	rt, Hist	orica	l Treasures, or	Othe	r Similar As	sets (<u>contin</u>	ued)
3 Using the organization's acquisition items (check all that apply):	on accession a	and other reco	rds, chec	k any o	of the following tha	t are a	significant use	of its co	ollection	ı
a Public exhibition		d	Loan	or exch	nange programs					
b Scholarly research		е	Other							
c Preservation for future genera	ations		<u> </u>							
4 Provide a description of the organ Part XIV.	nization's colle	ctions and exp	olain how	they f	urther the organiza	tion's e	xempt purpose	in		
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Part IV Escrow and Custodia	I Arrangem	ents Comp	lete if	organ	ization answer	ed 'Ye	es' to Form 9	990, P	art IV.	, line
9, or reported an amo	unt on Forr	n 990, Part	X, line	21.						
1a Is the organization an agent, trus included on Form 990, Part X?						assets	not	Yes		No
b If 'Yes,' explain the arrangement	in Part XIV an	d complete the	e followir	ig table	; :			A		
a Daginning halance						1.0		Amoun	l	
c Beginning balance										
d Additions during the year							 			
e Distributions during the year f Ending balance										
2a Did the organization include an a							<u> </u>	Yes	— г	No
b If 'Yes,' explain the arrangement		11 990, Part X,	mie zir.				· · · · · · · · · · · · · · · · · · ·	162	L	
Part V Endowment Funds Co		rganization	answei	V' har	'es' to Form 90	∩ Pa	rt IV line 10			
Tart V Endowment Funds 60	(a) Current) Prior year		(c) Two years back		Three years back		Four years	s hack
1 a Beginning of year balance	(a) current	yeai (L) i iioi yeai		(c) Two years back	(u)	Tillee years back	(6)	rour years	Dack
b Contributions										
İ										
c Net Investment earnings, gains, and losses				_						
d Grants or scholarships										
e Other expenditures for facilities and programs										
f Administrative expenses										
g End of year balance										
2 Provide the estimated percentage	=		ld as:							
a Board designated or quasi-endow		%								
b Permanent endowment G										
c Term endowment G	%									
3 a Are there endowment funds not in organization by:	n the possessi	on of the orga	nization t	hat are	e held and adminis	tered fo	or the	Ţ	Yes	No
(i) unrelated organizations								3a(i)		<u> </u>
(ii) related organizations								3a(ii)		<u> </u>
b If 'Yes' to 3a(ii), are the related o	rganizations li	sted as require	ed on Scl	hedule	R?			3b		<u> </u>
4 Describe in Part XIV the intended	uses of the o	rganization's e	endowme	nt fund	s.					
Part VI Investments' Land, B	uildings, a	nd Equipm	ent. Se	e For	m 990, Part X,	line 1	10.			
Description of investment		(a) Cost or oth (investme			Cost or other asis (other)		cumulated reciation	(d) I	Book Va	ılue
1 a Land										
b Buildings										
c Leasehold improvements										
d Equipment										
e Other										
Total. Add lines 1a through 1e (Column	(d) must equa	al Form 990, F	Part X, co	lumn (B), line 10(c).)		G			0.

BAA Schedule D (Form 990) 2009

Part VII Investments' Other Securities See Form 990, Part X, line 12.	N/A
(a) Description of security or category (b) Book value (including name of security)	(c) Method of valuation
	Cost or end-of-year market value
Financial derivatives	
Closely-held equity interests	
Other	
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.) G	
Part VIII Investments' Program Related (See Form 990, Part X, line 13)	N/A
(a) Description of investment type (b) Book value	(c) Method of valuation
	Cost or end-of-year market value
Total (Column (h) must equal Form 990 Part X Col (B) line 13.) G	
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.) G Part IX Other Assets (See Form 990, Part X, line 15) N/A	
	(b) Book value
Part IX Other Assets (See Form 990, Part X, line 15) N/A	(b) Book value
Part IX Other Assets (See Form 990, Part X, line 15) N/A	(b) Book value
Part IX Other Assets (See Form 990, Part X, line 15) N/A	(b) Book value
Part IX Other Assets (See Form 990, Part X, line 15) N/A	(b) Book value
Part IX Other Assets (See Form 990, Part X, line 15) N/A	(b) Book value
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Part IX Other Assets (See Form 990, Part X, line 15) N/A	(b) Book value
Part IX Other Assets (See Form 990, Part X, line 15) N/A (a) Description	
Part IX Other Assets (See Form 990, Part X, line 15) N/A (a) Description Total. (Column (b) must equal Form 990, Part X, col.(B), line 15)	
Part IX Other Assets (See Form 990, Part X, line 15) N/A (a) Description Total. (Column (b) must equal Form 990, Part X, col.(B), line 15). Part X Other Liabilities (See Form 990, Part X, line 25)	
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Part IX Other Assets (See Form 990, Part X, line 15) N/A (a) Description Total. (Column (b) must equal Form 990, Part X, col.(B), line 15). Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

BAA TEEA3303L 02/02/10 Schedule D (Form 990) 2009

Par	rt X	Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Tot	al revenue (Form 990, Part VIII,column (A), line 12)	[830, 288.
2	Tot	al expenses (Form 990, Part IX, column (A), line 25)		841, 867.
3	Exc	cess or (deficit) for the year. Subtract line 2 from line 1		-11, 579.
4	Ne	t unrealized gains (losses) on investments		1, 964.
5	Do	nated services and use of facilities		
6	Inv	estment expenses		
7	Pri	or period adjustments		
8		ner (Describe in Part XIV)		
9	Tot	al adjustments (net). Add lines 4 through 8		1, 964.
10	Exc	cess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		-9, 615.
Par		II Reconciliation of Revenue per Audited Financial Statements With Revenue per Re		
1	Tot	al revenue, gains, and other support per audited financial statements	1	832, 252.
2	Am	nounts included on line 1 but not on Form 990, Part VIII, line 12:		
á	a Ne	t unrealized gains on investments		
		nated services and use of facilities		
(c Re	coveries of prior year grants		
		ner (Describe in Part XIV)		
		d lines 2a through 2d	2e	1, 964.
3	Sul	btract line 2e from line 1	3	830, 288.
4	Am	nounts included on Form 990, Part VIII, line 12, but not on line 1:		
á		estments expenses not included on Form 990, Part VIII, line 7b		
		ner (Describe in Part XIV) 4b		
		d lines 4a and 4b.	4 c	
		al revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	830, 288.
		Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	rn	
1		al expenses and losses per audited financial statements	1	841, 867.
2		nounts included on line 1 but not on Form 990, Part IX, line 25:		
		nated services and use of facilities		
		or year adjustments		
		ner losses		
		ner (Describe in Part XIV).		
		d lines 2a through 2d	2e	
3		btract line 2e from line 1	3	841, 867.
4		nounts included on Form 990, Part IX, line 25, but not on line 1:	3	041,007.
		estments expenses not included on Form 990, Part VIII, line 7b		
		ner (Describe in Part XIV)		
			1.0	
			4 c 5	841, 867.
Par		al expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	<u> </u>	041,007.
Com line infor	4; P	e this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lir art X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to on.	nes 1b and to provide	I 2b; Part V, any additional

SCHEDULE L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2009

Department of the Treasury Internal Revenue Service Name of the organization

or 990-EZ.

G Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
G Attach to Form 990 or Form 990-EZ. G See separate instructions.

Open to Public Inspection

Schedule L (Form 990 or 990-EZ) 2009

						l '	Employer identification number					
NATIONAL SPACE SOCIETY			23-7417411									
Part I Excess Benefit Transaction Complete if the organization answer	s (sect ered 'Yes	tion 50 s' on Fori	1(c)(3) a m 990, Pa	and sectior rt IV, line 25a	n 501(c) or 25b, o	(4) organiz r Form 990-E	ation Z, Par	is onl t V, lin	y). e 40b			
1 (a) Name of disqualified person				(b) Decembelo	n of transaction					(c) Corrected?		
1 (a) Name of disqualified person				'	(b) Descriptio	n of transaction					Yes	No
2 Enter the amount of tax imposed on the o section 4958	rganizat	ion mana	agers or d	isqualified per	rsons duri	ng the year u	nder	G \$				
3 Enter the amount of tax, if any, on line 2,	above, r	eimburs	ed by the	organization.			!	G \$				
Part II Loans to and/or From Intere				rt IV, line 26 o	or Form 9º	90-EZ, Part V,	line 3	88a.				
(a) Name of interested person and purpose	(b) Loan the orga	to or from anization?	(c) princi	Original pal amount	(d) Ba	(d) Balance due		(e) In default? (f) Approve by board o committee'		oroved ard or ittee?	d (g) Writte r agreemen ?	
	То	From					Yes	No	Yes	No	Yes	No
Total												
Part III Grants or Assistance Benef Complete if the organization	answ	interes ered 'Y	ted Per 'es' on f	sons. Form 990, F	Part IV,	line 27.						
(a) Name of interested person	(b) Relations	ship between the orgar	interested person nization	and	(c)	Amoun	t and typ	oe of as	sistanc	е	
	<u> </u>											
Part IV Business Transactions Invo Complete if the organization	olving answe	Interes ered'Ye	sted Per es' on F	sons. orm 990, P	art IV, I	ine 28a, 28	3b, oi	⁻ 28c				
(a) Name of interested person	(b) Re intere	elationship sted persor organizati	hip between rson and the transaction \$		nt of on \$	(d) Description of transaction				(e) Sharin organizati revenue		
CADY DADAULADD	CHAIS	EVEO (OMTE		/ 500	IT CEDVICE					Yes	No
GARY BARNHARD	CHAIR	EXEC (JMIE		6, 500.	IT SERVICE	25					Х
	<u> </u>											
	ĺ											ĺ

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2009

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

G Attach to Form 990.

Open to Public Inspection

Name of the organization NATI ONAL SPACE SOCIETY	Employer identification number 23-7417411
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION	
NSS VI SI ON:	
THE VISION OF NSS IS PEOPLE LIVING AND WORKING IN THRIVING COM	MUNITIES BEYOND THE
EARTH, AND THE USE OF THE VAST RESOURCES OF SPACE FOR THE DRAM	MATIC BETTERMENT OF
HUMANI TY.	
NSS_MI_SSI_ON:	
THE MISSION OF NSS IS TO PROMOTE SOCIAL, ECONOMIC, TECHNOLOGIC	CAL, AND POLITICAL
CHANGE IN ORDER TO EXPAND CIVILIZATION BEYOND EARTH, TO SETTLE	SPACE AND TO USE THE
RESULTING RESOURCES TO BUILD A HOPEFUL AND PROSPEROUS FUTURE F	OR HUMANITY.
ACCORDINGLY, WE SUPPORT STEPS TOWARD THIS GOAL, INCLUDING HUMA	N SPACEFLIGHT,
COMMERCIAL SPACE DEVELOPMENT, SPACE EXPLORATION, SPACE APPLICA	ATLONS, SPACE RESOURCE
UTILIZATION, ROBOTIC PRECURSORS, DEFENSE AGAINST ASTEROIDS, RE	LEVANT SCIENCE, AND
SPACE SETTLEMENT ORIENTED EDUCATION.	
FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHA	REHOLDE
THE NATIONAL SPACE SOCIETY IS A MEMBERSHIP BASED ORGANIZATION.	
FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOV	ERNING BODY
THE BOARD OF DIRECTORS IS ELECTED BY THE MEMBERSHIP.	
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
MANAGEMENT AND THE BOARD TREASURER DISCUSSED AND REVIEWED THE	990 WI TH THE
INDEPENDENT ACCOUNTANTS. THE ORGANIZATION THEN PROVIDED A COPY	OF THE FORM 990 TO
THE BOARD OF DIRECTORS FOR REVIEW AND COMMENTS PRIOR TO FILING).
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEM	MENT OF CONFLICTS
NSS HAS A CONFLICT OF INTEREST POLICY THAT APPLIES TO ALL OFFI	CERS, BOARD MEMBERS,
AND EMPLOYEES. ALL ARE REQUIRED TO SIGN THE CONFLICT OF INTERE	ST STATEMENT ANNUALLY.
IF A CONFLICT OF INTEREST WAS DISCLOSED IT WOULD BE ADDRESSED	AND HANDLED AT THE

Employer identification number

NATIONAL SPACE SOCIETY	23-7417411
FORM 990, PART VI, LINE 12C - EXPLANATION OF MOI	NITORING AND ENFORCEMENT OF CONFLICTS (CONTINUED)
DI SCRETI ON_OF_THE_CHAIRMAN_OF_THE_EXECUTI \	/E_COMMITTEE.
FORM 990, PART VI, LINE 15B - COMPENSATION REVIE	EW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES
THE EXECUTIVE COMMITTEE, WITH THE APPROVAL	OF THE BOARD OF DIRECTORS APPOINTS AND
EMPLOYS THE EXECUTIVE DIRECTOR, AND IS RES	SPONSIBLE FOR DETERMINING THE TERMS AND
CONDITIONS OF THE EXECUTIVE DIRECTOR'S EMP	PLOYMENT.
FORM 990 , PART VI, LINE 17 - LIST OF STATES WH	IICH THIS RETURN IS FILED
AL AZ AR CA CO CT FL GA IL KS KY ME MD MA	A MI MN MS NH NJ NM NY NC OH OH OR PA RI
SC TN VA WA WV WI AK KS UT ND	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION	DOCUMENTS PUBLICLY AVAILABLE
DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON	N REQUEST AND THROUGH THE NSS WEBSITE
WWW. NSS. ORG.	

NATIONAL SPACE SOCIETY

FORM 990, PART III, LINE 1, ORGANIZATION MISSION: (Continued)

NSS RATIONALE:

A. SURVIVAL — OF HUMAN SPECIES AND EARTH'S BIOSPHERE

IT IS THE NATURE OF EVERY FORM OF LIFE, WHETHER ANIMAL OR PLANT, TO STRIVE TO SURVIVE.

EIN: 23-7417411

1. SURVIVAL OF THE HUMAN SPECIES

THE HUMAN SPECIES IS ENCOUNTERING INCREASED NATURAL, MAN-MADE, AND EXTRATERRESTRIAL THREATS, INCLUDING DISEASE, RESOURCE DEPLETION, POLLUTION, URBAN VIOLENCE, TERRORISM, NUCLEAR WAR, ASTEROIDS, AND COMETS.

2. SURVIVAL OF EARTH'S BIOSPHERE

MANY FORMS OF ANIMAL AND PLANT LIFE ON EARTH ARE SUFFERING INCREASED LOSS OF POPULATION AND QUALITY HABITAT BECAUSE OF THE GROWING PRESENCE OF HUMANS ON PLANET EARTH, VIA EXPANSION, POLLUTION, DEFORESTATION, FISHING, FARMING, MINING, AND PROMOTION OF CERTAIN SPECIES OF ANIMALS AND PLANTS.

SPACE TECHNOLOGY PROVIDES BOTH MEANS TO MONITOR THREATS TO LIFE ON EARTH AND WAYS TO HELP CURTAIL THEM. SPACE INDUSTRIALIZATION AND SETTLEMENT PROVIDE SAFETY VALVES TO RELIEVE THE PRESSURES THAT CAUSE EARTH-BOUND THREATS. THEY ALSO PROVIDE ESCAPE ROUTES IN CASE OF CATASTROPHIC MAN-MADE OR EXTRATERRESTRIAL THREATS. HUMANITY HAS INHERITED THE STEWARDSHIP OF THE PLANET EARTH. IT WILL THEREFORE NEED THE VAST RESOURCES OF OUTER SPACE TO REVERSE THE DAMAGE IT HAS CAUSED TO THE EARTH'S BIOSPHERE, AND ULTIMATELY ENHANCE ALL LIFE ON EARTH.

B. GROWTH — UNLIMITED ROOM FOR EXPANSION

IT IS THE NATURE OF EVERY FORM OF LIFE, WHETHER ANIMAL OR PLANT, TO GROW AND MULTIPLY.

1. NEW HABITATS FOR LIFE

THE HUMAN SPECIES, AS WELL AS ALL OTHER ANIMAL AND PLANT LIFE ON EARTH, NEED ROOM TO GROW AND MULTIPLY. EARTH HAS A FINITE SUPPLY OF LAND, AIR, AND WATER, FOR WHICH HUMANS, ANIMALS, AND PLANTS MUST COMPETE. OF ALL EARTH SPECIES, ONLY HUMANS HAVE OR CAN ACQUIRE AND UTILIZE THE KNOWLEDGE TO CREATE NEW HABITATS ON OTHER WORLDS OR IN SPACE FROM THE RAW MATERIALS OF MOONS AND ASTEROIDS.

NATIONAL SPACE SOCIETY

FORM 990, PART III, LINE 1, ORGANIZATION MISSION: (Continued)

2. NEW FRONTIERS FOR HUMANITY

TO PROVIDE THE HUMAN SPECIES WITH A NEW "FRONTIER" FOR EXPLORATION AND ADVENTURE, AND TO THOUGHT AND EXPRESSION, CULTURE AND ART, AND MODES OF GOVERNMENT. THE OPENING OF "THE NEW WORLD" TO WESTERN CIVILIZATION BROUGHT ABOUT AN UNPRECEDENTED 500-YEAR PERIOD OF GROWTH AND EXPERIMENTATION IN SCIENCE, TECHNOLOGY, LITERATURE, MUSIC, ART, RECREATION, AND GOVERNMENT (INCLUDING THE DEVELOPMENT AND GRADUAL ACCEPTANCE OF DEMOCRACY). THE PRESENCE OF A FRONTIER LED TO THE DEVELOPMENT OF THE "OPEN SOCIETY" FOUNDED ON THE PRINCIPLES OF INDIVIDUAL RIGHTS AND FREEDOMS. MANY OF THESE RIGHTS AND FREEDOMS ARE BEING PLACED UNDER INCREASINGLY STRINGENT LIMITATIONS AS HUMAN POPULATION GROWS AND HUMANITY MOVES TOWARDS A "CLOSED SOCIETY", WHERE EVENTUALLY EVERYONE EATS THE SAME, SPEAKS THE SAME, AND DRESSES THE SAME. "CULTURES THAT DO NOT EXPLORE, DIE!"

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C. PROSPERITY — UNLIMITED RESOURCES

IT IS THE NATURE OF THE HUMAN SPECIES TO STRIVE TO IMPROVE THE QUALITY OF ITS MANY LIVES AND TO PROVIDE A BETTER FUTURE FOR ITS CHILDREN.

1. IMPROVED STANDARDS OF LIVING

TO PROVIDE HUMANITY WITH THE RESOURCES IT NEEDS TO IMPROVE THE QUALITY OF LIFE FOR ALL HUMANS ON THE PLANET EARTH. THE MAJORITY OF HUMANITY LIVES AT AN ECONOMIC LEVEL THAT IS FAR BELOW THAT OF THE WESTERN DEMOCRACIES. OUTER SPACE HOLDS VIRTUALLY LIMITLESS AMOUNTS OF ENERGY AND RAW MATERIALS, WHICH CAN BE HARVESTED FOR USE BOTH ON EARTH AND IN SPACE. QUALITY OF LIFE CAN BE IMPROVED DIRECTLY BY UTILIZATION OF THESE RESOURCES AND ALSO INDIRECTLY BY MOVING HAZARDOUS AND POLLUTING INDUSTRIES AND/OR THEIR WASTE PRODUCTS OFF PLANET EARTH.

2. ECONOMIC OPPORTUNITY

TO PROVIDE EVERY HUMAN INDIVIDUAL WITH THE OPPORTUNITY TO IMPROVE THE WELL BEING OF HIMSELF OR HERSELF, AND HIS OR HER FAMILY. VAST NEW RESOURCES MUST BE DEVELOPED IF ALL PERSONS ARE TO BE GIVEN ECONOMIC OPPORTUNITIES FOR THEMSELVES AND THEIR CHILDREN EVEN MARGINALLY EQUAL TO WHAT MANY WOULD CONSIDER A MINIMALLY TOLERABLE STANDARD OF LIVING.

NATIONAL SPACE SOCIETY

FORM 990, PART III, LINE 1, ORGANIZATION MISSION: (Continued)

3. TECHNOLOGICAL DEVELOPMENT

TO PROVIDE REMOTE LOCATIONS FOR THE DEVELOPMENT, TESTING, AND "PERFECTION" OF PROMISING, BUT POTENTIALLY HAZARDOUS TECHNOLOGIES, SUCH AS BIOLOGICAL EXPERIMENTATION; NUCLEAR, FUSION, CHEMICAL AND ANTIMATTER POWER GENERATION; AND SPACE PROPULSION. SUCH DEVELOPMENTAL FACILITIES COULD BE PLACED EITHER IN SPACE OR ON OTHER WORLDS FAR FROM BOTH SPACE SETTLEMENTS AND UNRELATED FACILITIES.

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D. CURIOSITY — THE QUEST FOR KNOWLEDGE

IT IS THE NATURE OF THE HUMAN SPECIES TO LEARN MORE ABOUT ITS ORIGINS, ITS PAST, ITS FELLOW LIFE FORMS, ITS ENVIRONMENT, ITS LIMITATIONS, AND ITS POSSIBILITIES FOR THE FUTURE. EARTH IS BUT A TINY CONTAINER OF KNOWLEDGE COMPARED TO THE ENTIRE INCREDIBLY VAST UNIVERSE. "WE ARE PART OF THE UNIVERSE, THROUGH OUR EYES, EARS AND MINDS, THE UNIVERSE MAY KNOW ITSELF."

NSS PRINCIPLES:

THESE ARE THE GUIDING PRINCIPLES OF THE NSS BY WHICH WE WILL CONDUCT OUR MISSION IN PURSUIT OF OUR VISION.

A. HUMAN RIGHTS

NSS SHALL PROMOTE THE PRINCIPLE OF FUNDAMENTAL RIGHTS OF EVERY HUMAN BEING.

B. ETHICS

NSS SHALL OBSERVE, PRACTICE, AND PROMOTE ETHICAL CONDUCT.

C. PRAGMATISM

WITHIN THE BOUNDS OF THESE PRINCIPLES, NSS SHALL PROMOTE AND SUPPORT ANY AND ALL METHODS AND PRACTICES THAT SUPPORT ACHIEVEMENT OF OUR VISION.

NSS BELIEFS:

WHILE WE CANNOT SAY THAT THE FOLLOWING ARE ABSOLUTELY ESSENTIAL FOR SPACE SETTLEMENT WE BELIEVE AND SUPPORT THE FOLLOWING:

NATIONAL SPACE SOCIETY

FORM 990, PART III, LINE 1, ORGANIZATION MISSION: (Continued)

A. INDIVIDUAL RIGHTS

NSS BELIEVES THAT SPACE DEVELOPMENT AND SETTLEMENT WILL OCCUR MOST EFFICIENTLY, AND HUMANITY'S PROSPERITY WILL BE BEST ENSURED, IF EVERY HUMAN BEING IS GIVEN THE FREEDOM OF THOUGHT AND ACTION.

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B. UNRESTRICTED ACCESS TO SPACE

NSS BELIEVES THAT SPACE DEVELOPMENT AND SETTLEMENT WILL OCCUR MOST EFFICIENTLY, AND HUMANITY'S SURVIVAL AND GROWTH WILL BE BEST ENSURED, IF EVERY HUMAN BEING IS ALLOWED THE OPPORTUNITY TO TRAVEL, LIVE, AND/OR WORK IN OUTER SPACE.

C. PERSONAL PROPERTY RIGHTS

NSS BELIEVES THAT SPACE DEVELOPMENT AND SETTLEMENT WILL OCCUR MOST EFFICIENTLY, AND HUMANITY'S SURVIVAL AND GROWTH WILL BE BEST ENSURED, IF EVERY HUMAN BEING IS ALLOWED THE OPPORTUNITY TO OWN PROPERTY IN SPACE AND/OR ON OTHER WORLDS.

D. FREE MARKET ECONOMICS

NSS BELIEVES THAT SPACE DEVELOPMENT AND SETTLEMENT WILL OCCUR MOST EFFICIENTLY, AND HUMANITY'S PROSPERITY WILL BE BEST ENSURED, IF THE "FREE MARKET" DRIVERS OF COMPETITION AND PROFIT USED.

E. GOVERNMENT FUNDING OF HIGH RISK R&D

NSS BELIEVES THAT SPACE DEVELOPMENT AND SETTLEMENT WILL OCCUR MOST EFFICIENTLY, AND HUMANITY'S PROSPERITY WILL BE BEST ENSURED, IF NATIONAL GOVERNMENTS FUND THE RESEARCH AND DEVELOPMENT OF SPACE TECHNOLOGIES DEEMED TOO "HIGH RISK" BY THEIR INDUSTRIES.

F. INTERNATIONAL COOPERATION

NSS BELIEVES THAT SPACE DEVELOPMENT AND SETTLEMENT WILL OCCUR MOST EFFICIENTLY, AND HUMANITY'S SURVIVAL AND PROSPERITY WILL BE BEST ENSURED, IF NATIONS COOPERATE ON SPACE RESEARCH AND DEVELOPMENT, AND LEAVE COMPETITION TO INDIVIDUAL COMPANIES.

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G. DEMOCRATIC VALUES

NSS BELIEVES THAT HUMANITY'S GROWTH AND PROSPERITY WILL BE BEST ENSURED IF THE FUNDAMENTALS OF DEMOCRACY ARE APPLIED TO AND INCORPORATED BY SPACE SETTLEMENTS.

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H. ENHANCEMENT OF EARTH'S ECOLOGY

NSS BELIEVES THAT ONE OF THE GOALS AND BENEFITS OF SPACE DEVELOPMENT AND SETTLEMENT IS TO RESTORE AND ENHANCE THE BIOSPHERE OF THE PLANET EARTH.

I. PROTECTION OF NEW ENVIRONMENTS

NSS BELIEVES THAT SPACE DEVELOPMENT AND SETTLEMENT SHOULD BE PURSUED IN A MANNER THAT SAFEGUARDS ALIEN LIFE FORMS, NATURAL WONDERS, AND HISTORICAL MONUMENTS.

NSS FIVE YEAR GOALS:

- ESTABLISH THE SPACE MOVEMENT AS AN INTERNATIONALLY-RECOGNIZED "MOVEMENT" WITH NSS AS THE LEADER
- ESTABLISH AN INTERNATIONAL CONSENSUS THAT THE VAST RESOURCES OF SPACE WILL BE USED FOR THE DRAMATIC BETTERMENT OF HUMANITY
- ESTABLISH NSS AS THE PREDOMINANT ORGANIZATION SUPPORTING SPACE SETTLEMENT

ORGANIZATIONAL OBJECTIVES (EXTERNAL):

- 1. IMPROVE THE IDENTITY, EFFECTIVENESS AND VISIBILITY OF THE SPACE MOVEMENT
- 2. PROMOTE ACTIONS WHICH ENABLE SPACE SETTLEMENT AS A SOCIETAL IMPERATIVE
- 3. SUPPORT APPLICATIONS OF SPACE RESOURCES TO CRITICAL TERRESTRIAL NEEDS
- 4. PROMOTE THE RELEVANCE AND VALUE OF SPACE (THE IDEAS IN THE NSS PHILOSOPHY STATEMENT, OUTLINED ABOVE) TO THE PUBLIC, AND ENCOURAGE ITS PARTICIPATION AND SUPPORT
- 5. PROMOTE AND FOSTER THE REMOVAL OF THE BARRIERS TO SPACE SETTLEMENT
- 6. SUPPORT ACTIVITIES WHICH COULD SIGNIFICANTLY REDUCE THE COST OF PUTTING HUMANS INTO SPACE, AND CARGO INTO SPACE AND IN-SPACE TRANSPORT
- 7. SHAPE NATIONAL AND INTERNATIONAL SPACE POLICY TO FURTHER OUR GOALS

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FORM 990, PART III, LINE 1, ORGANIZATION MISSION: (Continued)

OPERATIONAL OBJECTIVES (INTERNAL):

- 1. INCREASE OUR INTERNATIONAL ACTIVITIES
- 2. IMPROVE AD ASTRA BY CONNECTING ITS CONTENT MORE CLOSELY TO THE SOCIETY'S PHILOSOPHY

STATEMENT, STRATEGIC GOALS AND STRATEGIC OBJECTIVES

3. TRANSFORM OUR WEBSITE AND INTERNET PRESENCE TO IMPROVE ITS RELATIVE VALUE, USEFULNESS, RANKING AND RELEVANCE TO OUR GOALS

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- 4. SUBSTANTIALLY INCREASE MEMBERSHIP
- 5. EXPAND PARTICIPATION BY OUR MEMBERS
- 6. INCREASE COOPERATIVE ACTIONS WITH OTHER ORGANIZATIONS BY PROACTIVE ENGAGEMENT
- 7. SIGNIFICANTLY IMPROVE FINANCIAL STRENGTH
- 8. BETTER ALIGN KEY NSS ELEMENTS WITH OUR VISION, MISSION, RATIONALE, PRINCIPLES, BELIEFS, GOALS AND OBJECTIVES.
- 9. SUBSTANTIALLY UPGRADE THE NSS INTERNATIONAL SPACE DEVELOPMENT CONFERENCE (ISDC)
- 10. IMPROVE OUR ABILITY TO INFLUENCE EXTERNAL PERCEPTIONS AND ACTIONS